

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.


Name Joseph Pakuris	Title Treasurer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Saunderstown	State RI	ZIP 02864	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Edward Keegan	Title Secretary	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Blackstone	State MA	ZIP 01504	Phone Number () [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Daniel Flaherty	Title President	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Warwick	State RI	ZIP 02818	Phone Number () [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address N/A	City N/A	State N/A	ZIP N/A	Phone Number () N/A
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address N/A	City N/A	State N/A	ZIP N/A	Phone Number () N/A
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address N/A	City N/A	State N/A	ZIP N/A	Phone Number () N/A

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant N/A	
Name N/A	Title N/A	SSN/FEIN N/A	DOB N/A	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address N/A	City N/A	State N/A	ZIP N/A	Phone Number () N/A	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant N/A	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A


 Authorized Signatory

Daniel Flaherty
 Printed Name

1/18/2017
 Date